

HOUSING REHABILITATION PROGRAM APPLICATION
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 52664 (10/00)

THIS IS AN EQUAL OPPORTUNITY PROGRAM DISCRIMINATION IS PROHIBITED BY FEDERAL LAW			
1. APPLICATION AND HOUSEHOLD INFORMATION			
Applicant		Spouse (Work)	
Phone Number (Work)		Address	
Phone Number (Home)			
How many adults in your home are over the age of 62?			
How many children in your home are under the age of 18?			
How many persons in your home are a minority? (i.e., Native American, Black, Hispanic, etc.)			
How many persons in your home are disabled? (i.e., physical or mental disabilities that limit activities)			
Is your household maintained by a female head of household?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List dependents and their ages:			
List other adults living in the house:			
Total Number in household including applicant(s):		_____	
Are you an elected city/county official or employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a city/county official or employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PROPERTY DESCRIPTION			
Do you own your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your home a (please check one of the following): <input type="checkbox"/> Single family dwelling (1 unit) <input type="checkbox"/> Condominium/cooperative/multi unit dwelling <input type="checkbox"/> Mobile home/manufactured home Do you own the lot? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it have a permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify) _____			
Approximately what year was the home built?		_____	
How long have you lived at this residence?		_____	

3. DESCRIBE REPAIRS NEEDED OR PROBLEMS WITH THE HOUSE:

4. PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER. USE GROSS INCOME UNLESS STATED OTHERWISE. VERIFICATION IS REQUIRED.

Source of Income	Applicant	Spouse	Other Adults	Total
Employment/Salary				
Interest & Dividends				
Net Business Income				
Net Rental Income				
Social Security/SSI				
Pension/Retirement				
Child Support/Alimony				
Unemployment, Workers Compensation, etc.				
AFDC, Welfare, etc.				
Income from Assets				
Other				
Regular Monetary Gifts				
TOTAL				

5. I/We certify, under penalty of law, that the above information is full, true, and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. My/Our signature(s) below constitute our consent to verifying information from any necessary source. I/We also declare that I/We have received a copy of the Notification entitled "WATCH OUT FOR LEAD-BASED PAINT POISONING".

<hr/> Signature	<hr/> Date
<hr/> Signature	<hr/> Date

HOUSING REHABILITATION PROGRAM APPLICATION SUMMARY SHEET

SAMPLE

Please provide the following information for each family for which housing rehabilitation assistance is being sought.

Summarize the information from the Housing Rehabilitation Program Application.

LEGEND

Family = Applicant Number

Total Persons = Total Number of Persons in Household

FHOH = Female Head of Household (Yes or No)

Income = Family Gross Income Category (Very low and low)

Types of Rehabilitation

W = Weatherization

P = Plumbing

E = Electrical

H = Heating

O = Other

Owner or Renter = Applicant Residence Status

Prior 1940 = Construction Date of Home (Yes or No)

EXAMPLE

Family	Total Persons	Number of Elderly	Number of Children Under 18	Number of Minority Persons	Number of Handicap Persons	FHOH	Income Low/ Very Low	Types of Rehab	Estimate Cost	Owner/ Renter	Prior 1940
No. 1	4	0	2	3	0	No	Very Low	W,P,O	6,000	Own	Yes
No. 2	2	0	1	0	1	Yes	Low	W,P,H,O	7,500	Rent	No
No. 3	1	1	0	1	1	Yes	Low	H	500	Own	Yes
TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
3	7	1	3	4	2	Yes = 2	Low = 2	W = 2	Total	Own = 1	Yes = 2
							No = 1	P = 2	14,000	Rent = 2	No = 1
								E = 1			
								H = 1	Average		
								O = 1	4,667		

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